

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/614646 FILING DATE
APPLICANT(S) 519105

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
	BID	DEP	BID	DEP	BID	DEP		BID	DEP	BID	DEP	BID	DEP
1	/		/				31						
2		/		/			32						
3		/		/			33						
4		/		/			34						
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49													
50													
TOTAL BID.							TOTAL BID.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten totals: 34, 35, 35, 35